# U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210 HUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNULAL RECEIPTS AND LABOR ORGANIZATIONS IN TELESCOPE

MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Form Approved
Office of Management and Budget
No. 1215-0188
Expires:07-31-2004

This report is mandatory under	P.L. 86-257, as amended. Failure to com-	ply may result in criminal prosecution, fines, or civil pe	nalties as provided by 29 U.S.C. 439 or 440.
(201)	READ THE INSTRUCTION	NS CAREFULLY BEFORE PREPARING THIS REP	ORT.
For Official Use Only Rec d	. FILE NUMBER 2. PERIO		) — If this is an amended report correcting a previously t, check here:
The many	0 0 1 - 8 0 2 From	0 1 0 1 2 0 0 2 (b) TERMINA terminal r	L - If your organization ceased to exist and this is its eport, see Section XII of the instructions and check here:
E SAN DRA	Through	1 2 3 1 2 0 0 2 (c) SUBSIDIA your union	RY — If this is a report for a subsidiary organization of a sedefined in Section X of the instructions, check here:
		8. MAILING ADDRESS	
JOHN CANTWELL	(2) 001-802	First Name	
TEAMSTERS AFL-CIO	120	CHRIS	
LU 118			
1393 SOUTH AVE		Last Name	
ROCHESTER, BY 14620	12/2002	TOOLE	
		P.O. Box · Building and Room Number (if any)	
trodlelichtlemeldliceteril			
4. AFFILIATION OR ORGANIZATION NA	AME		
TEAMSTERS AFL-CIO		Number and Street	M.E.
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATION NUMBER	1 393 SOUTH A	VE
LU	118	City	
7. UNIT NAME (if any)		ROCHESTER	
( = -7)			
Are your organization's records kept at it (If "No," provide address in Item 75.)	ts mailing address? Yes X No	State ZIP Code + 4  N Y 1 4 6 2 0 -	
75. ADDITIONAL INFORMATION	<u> </u>		
Item Number			
1			
1			
Each of the undersigned, duly authorized office accompanying documents has been examined	ers of the above labor organization, declares, u	nder the applicable penalties of law, that all of the interplation	Submitted is this report (including the information contained in any (See Section VI) penalties in the instructions.)
76. V/S/a.h.	PRESID		TREASURER
SIGNED:	(585) 256-1350 (If other see in		(If other title, see instructions.)
1 4 4 7 0 3 _		structions.) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
Date	Telephone Number	/ Date	Telephone Number
Form LM-2 (Revised 2000)		2 _ 1	Page 1 of 12

During the Reporting Period Did Your Organization:  10. Have a "subsidiary organization" as defined in Section X of the instructions?	18. How many members did your organization have at the end of the reporting period?  19. What is the date of your organization's next regular election of officers?  2 4 1 4  MO YEAR  1 2 0 0 3  20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or \$ 1 5 5 0 0 0
12. Have a political action committee (PAC)	employee of your organization?  21. What are your organization's rates of dues and fees?  (Enter a minimum and maximum if more than one rate applies for any line.)
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?	Rates of Dues and Fees  (a) Regular Dues/Fees  \$
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	(b) Initiation Fees (c) Transfer Fees
15. Discover any loss or shortage of funds or other property?	(d) Work Permits  per (Month, Year, etc.)  22. During the reporting period, did your organization
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?	have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/ procedures listed in the instructions?  (If the constitution and bylaws or practices/ procedures have changed, see the instructions.)
17. Liquidate or reduce any liabilities without disbursement of cash?	23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?
	24. Did your organization have any contingent liabilities at the end of the reporting period?
(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)	(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

Form LM-2 (Revised 2000)

#### Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only - Do Not Enter Cents

	ASSETS Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	25. Cash		2 3 8 2 8 0	261421
	26. Accounts Receivable		0	0
ST	27. Loans Receivable	1	66190	5 3 1 1 4
ASSETS	28. U.S. Treasury Securities	.   [	0	0
	29. Investments	. 2	183366	2 0 7 7 0 7
	30. Fixed Assets	. 5	1 2 9 8 5 9	1 0 9 1 0 3
	31. Other Assets	. 3	0	0
	32. TOTAL ASSETS		6 1 7 6 9 5	6 3 1 3 4 5
	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	33. Accounts Payable		0	0
IES	34. Loans Payable	8	7 7 3 2 1	5 9 6 2 2
LIABILITIES	35. Mortgages Payable	<u> </u>	0	0
LIA	36. Other Liabilities	4	2 9	1 3 8 0
	37. TOTAL LIABILITIES		7 7 3 5 0	6 1 0 0 2
	38. NET ASSETS (Item 32 less Item 37)		5 4 0 3 4 5	5 7 0 3 4 3
Form I M 2 (Payland 2000)		<u></u>		Page 2 of 1

#### Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only - Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
39. Dues		1 0 6 6 1 9 5	56. To Officers	9	1 6 8 2 2 6
40. Per Capita Tax		0	57. To Employees	10	5 8 2 4 2
41. Fees		5 3 4 1 6	58. Per Capita Tax		2 2 6 0 0 3
42. Fines		0	59. Fees, Fines, Assessments, etc		0
43. Assessments		2 2 4 1 2	60. Office & Administrative Expense	13	9 1 2 3 7
44. Work Permits			61. Educational & Publicity Expense		0
45. Sale of Supplies		2 6 4 6	62. Professional Fees	]	27028
46. Interest		1 9 8 8 4	63. Benefits	11	202647
47. Dividends		0	64. Contributions, Gifts & Grants	12	8 7 4 2
48. Rents		2800	65. Supplies for Resale		1 3 4 4
49. Sale of Investments & Fixed Assets	6	179000	66. Direct Taxes		3 4 4 1 3
50. Loans Obtained	8	0	67. Withholding Taxes		106471
51. Repayments of Loans Made	1	1 3 0 7 6	68. Purchase of Investments & Fixed Assets	7	2 1 5 3 1 0
52. On Behalf of Affiliates for Transmittal to Them		0	69. Loans Made	1	0
<ol> <li>From Members for Disbursement on Their Behalf</li> </ol>		0	70. Repayment of Loans Obtained	8	1 7 6 9 9
54. Other Receipts	14	4 0 1 6	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members		3 3
			73. Other Disbursements	15	182909
55. TOTAL RECEIPTS		1 3 6 3 4 4 5	74. TOTAL DISBURSEMENTS		1 3 4 0 3 0 4

#### Enter Amounts in Dollars Only -- Do Not Enter Cents

### **SCHEDULE 1 – LOANS RECEIVABLE**

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to	Loans		Repayments Received	During Period	Loans		
business enterprises regardless of amount. (A)	Outstanding at Start of Period (B)	Loans Made During Period Cash (C) (D)(1)		Other Than Cash (D)(2)	Outstanding at End of Period (E)		
1. Name: TEAMSTERS 118 BLD CO Purpose: PURCHASE OF BUILDING Security: UNION OFFC BLDG Terms: 10 YRS @ 9.00%	66190	0	13076	0	5 3 1 1 4		
2.							
3.							
4. Totals from additional pages (if any)							
5. Totals of loans not listed above	0	0	0	0	0		
6. Totals of Lines 1 through 5	6 6 1 9 0	0	1 3 0 7 6	0	5 3 1 1 4		
The totals from Line 6 are entered in	item 27 Column (A)	Item 69	Item 51	item 75 with Explanation	Item 27 Column (B)		

### **SCHEDULE 2 - INVESTMENTS** (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 0 0 1 - 8 0 2

### **SCHEDULE 3 - OTHER ASSETS**

Description (A)	Α	(B)				
Marketable Securities  1. Total Cost	2	1	2	0	5	0
					0	_
2. Total Book Value  3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.  ASAF MARSICO CAPITAL GROWTH  (a) THE PROPERTY OF THE PRO		5	<u>.</u> 1	9	4	
(a) FUND ASAF PIMCO TOTAL RETURN BOND (b) FD		6	1	3		
(c)						
(d)						
Other Investments		<u>.</u>		<del></del>		0
Total Cost     Total Book Value						0
List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.						
(a) None						0
(b)	- 1					
(c)						
(d)						
(e) Total from additional pages (if any)						
7. Total of Lines 2 and 5	2	0	7	7	0	7
The total from Line 7 is entered in	Item 29,	Colu	mn	(B)		
orm LM-2 (Revised 2000)						2 -

Description (A)	Book Value (B)
<sub>1.</sub> None	0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
The total from Line 7 is entered in	Item 31, Column (B)

### **SCHEDULE 4 - OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1. PAYROLL TAXES PAYABLE	1 3 8 0
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	TARAMETER SALES SA
7. Total of Lines 1 through 6	1 3 8 0
The total from Line 7 is entered in	item 36, Column (D)

### SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 0 1 - 8 0 2

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): None	0		0	0
2. Totals from additional pages (if any)				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
3. Buildings (give location): None	0	0	0	0
4. Totals from additional pages (if any)				\$
5. Automobiles and Other Vehicles	126825	35172	9 1 6 5 3	91653
6. Office Furniture and Equipment	68689	51239	17450	17450
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	195514	86411	1 0 9 1 0 3	109103
The total from Line 8, Column (D ) is entered in			. Item 30, Column (B)	

### SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. PHILIP MORRIS COS. BOND REDEEMED	176370	183366	179000	179000
2.				·
3.				
4.				<del></del>
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	176370	183366	179000	179000
	7. Less Reinvestments			0
	8. Net Sales			179000
The total from Line 8 is entered in			item 4	9

## SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 0 1 - 8 0 2

Description <i>(if land or buildings, give location)</i> (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. COMPUTER EQUIPMENT	3260	3260	3260
2. MUTUAL FUND INVESTMENTS	212050	207707	212050
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	215310	210967	215310
	7. Less Reinvestments		0
	8. Net Purchases		2 1 5 3 1 0
The total from Line 8 is entered in	•••••	Item	68

### **SCHEDULE 8 -- LOANS PAYABLE**

Source of Loans Payable at Any	Loans Owed at	Loans Obtained During Period (C)	Repayment Made D		
Time During the Reporting Period (A)	Start of Period (B)		Cash (D)(1)	Other Than Cash (D)(2)	Loans Owed at End of Period (E)
BTA FEDERAL CREDIT UNION	18769	0	5 5 0 3	0	13266
BTA FEDERAL CREDIT UNION	1 9 0 3 2	0	5 5 8 0	0	1 3 4 5 2
BTA FEDERAL CREDIT UNION	19760	0	3 3 0 8	0	1645
BTA FEDERAL CREDIT UNION	19760	0	3 3 0 8	0	16452
5. Totals from additional pages (if any)					
5. Totals of Lines 1 through 5	7 7 3 2 1	0	1 7 6 9 9	0	5 9 6 2
The total from Line 6 is entered in	ltem 34	Item 50	Item 70	Item 75with Explanation	Item 34 Column (D)

### SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 0 1 - 8 0 2

(before taxes and		(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements.)			Disbursements for Official	Other	
Status (C)*	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)		
	8 5 8 8 6	600	6068	0	9 2 5 5		
С				T T A A B B B B B B B B B B B B B B B B			
	5 7 3 4 5	600	2800	0	60745		
С							
	6 3 6 2 8	2 0 0	1739	0	65567		
P			:				
	5 6 4 0 8	600	2 1 9 4	0	5 9 2 0 2		
С							
	5 4 8 5 6	600	2839	0	5 8 2 9 5		
C							
	1 3 0 0	0	0	0	1 3 0 0		
C							
,	1 2 0 0	0	0	0	1 2 0 0		
С							
	320623	2600	15640	0	338863		
			10. Less Deductions	. 1	7 0 6 3 7		
	Iten	n <b>5</b> 6	11. Net Disburseme	nts 1	6 8 2 2 6		
	C C C C C	(before taxes and other deductions) (D)    Status	C	Status	Status (C)*   Other deductions (D)		

Form LM-2 (Revised 2000)

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 0 1 - 8 0 2

(A) Name (List all employees who received months from your organization and any affilial (B) Position (Enter employee's job title.)			Allowances	Disbursements for Official Business	Other Disbursements	7-1-1
(C) Name of Affiliated Organization	(If applicable)	other deductions) (D)	(E)	(F)	(G)	Total (H)
FRISCH	SHARON	30691	0	0	0	30691
1. SEC/BOOKKEEPER						
MORALES	PATRICIA	2 2 7 9 3	0	0	0	22793
2. SEC/BOOKKEEPER						
BONA	SYLVIA	19681	2 0 0	0	0	19881
3. SEC/BOOKKEEPER						
4.						
5.					;	
6. Totals from additional pages (if any)						
<ol> <li>Totals for all employees who, during the report \$10,000 or less in total disbursements from yearny affiliates</li> </ol>	ting period, received our organization and	7 5 2 2	0	0	0	7522
8. Totals of Lines 1 through 7		80687	200	0	0	80887
				9. Less Deductions	7.46	2 2 6 4 5
The total from Line 10 is entered in		iten	n 57	10. Net Disbursemen	ts	5 8 2 4 2

### SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 0 1 - 8 0 2

To Whom Paid (B)	A	į					
DEATH BENEFITS MEMBER'S BENEFICIARY		3	0	0	0	0	
HARTFORD INSURANCE				9	2	5	9
NYS TEAMSTERS HTLH & HOSP		2	3	4	3		
NYS TEAMSTERS PENSION		7	7	8	7	4	
		2	3	1	7	1	
	2	0	2	6	4	7	
	(B)  MEMBER'S BENEFICIARY  HARTFORD INSURANCE  NYS TEAMSTERS HTLH & HOSP	(B)  MEMBER'S BENEFICIARY  HARTFORD INSURANCE  NYS TEAMSTERS HTLH & HOSP  NYS TEAMSTERS PENSION  7	(B) (C)  MEMBER'S BENEFICIARY 3  HARTFORD INSURANCE  NYS TEAMSTERS HTLH & HOSP 6  NYS TEAMSTERS PENSION 7  2	(B)         (C)           MEMBER'S BENEFICIARY         3 0           HARTFORD INSURANCE         9           NYS TEAMSTERS HTLH & HOSP         6 2           NYS TEAMSTERS PENSION         7 7           2 3	(B)         (C)           MEMBER'S BENEFICIARY         3 0 0           HARTFORD INSURANCE         9 2           NYS TEAMSTERS HTLH & HOSP         6 2 3           NYS TEAMSTERS PENSION         7 7 8           2 3 1	(B)         (C)           MEMBER'S BENEFICIARY         3 0 0 0           HARTFORD INSURANCE         9 2 5           NYS TEAMSTERS HTLH & HOSP         6 2 3 4           NYS TEAMSTERS PENSION         7 7 8 7	

## SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)		
1. LCCAL CHARITIES	4	4	0
2. EDUCATIONAL CHARITIES	1	5	0
3. LABOR ORGANIZATIONS	6 2	0	5
4. FLOWERS, CARDS, AND BIBLES	1 9	4	7
5.			
6.			
7. Total from additional pages (if any)			
8. Total of Lines 1 through 7	8 7	4	2
The total from Line 8 is entered in	Item 64		

## SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)				
1. RENT EXPENSE	2	6	5	5	8
2. SUPPLIES AND PRINTING	1	2	4	4	5
3. POSTAGE		6	5	6	8
4. TELEPHONE		7	5	2	0
5. UTILITIES		3	8	6	5
6. MACHINE MAINTENANCE		3	9	7	5
7. Total from additional pages (if any)	3	0	3	0	6
8. Total of Lines 1 through 7	9	1	2	3	7
The total from Line 8 is entered in	 It	em	6C		

Form LM-2 (Revised 2000)

## SCHEDULE 14 - OTHER RECEIPTS

### Amount Description (B) (A) 1 WITHDRAWALS AND TRANSFERS 1 4 4 2 COLLECTION - RETURNED CHECKS 9 2 3 REIMBURSEMENTS OF SUPPLIES 1 2 8 4 TRAVEL REIMBURSEMENTS 3 6 5 2 5. 6. 7. 8. 9. 10. 11. 12. 13. 1**4**. 15. 16. Total from additional pages (if any) 4 0 1 6 17. Total of Lines 1 through 16 The total from Line 17 is entered in ...... Item 54

## SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)				oun B)	t			
1.STEWARDS REFUNDS			3	1	0	6	5	
2.REFUNDS - DUES AND FEES			•	6	6	1	9	
3.INTEREST EXPENSE				5	3	1	5	
4. GRIEVANCE EXPENSE						3	5	
5.MEETING AND COMMITTEE EXPENSE			1	6	7	9	1	
6.AUTOMOBILE EXPENSE					8	2	0	
7.OUT OF TOWN TRAVEL			1	6	4	3	3	
8. OVERPAYMENTS ON CHECKOFFS	l					7	5	
9. CHRISTMAS EXPENSE				8	4	3	0	
10.LABOR DAY EXPENSE					6	2	8	
11. HEALTH BENEFIT TO PAST OFFICER					3	2	0	
12. REIMBURSEMENTS TO TEAMSTERS						·		
13. LOCAL 791 FOR TEAMSTERS								
14. LOCAL 398 BILLS PAID			1	0	9	1	8	
OTHER PAYROLL WITHHOLDINGS 15.PAID			8	5	4	6	0	
16. Total from additional pages (if any)								
17. Total of Lines 1 through 16		1	8	2	9	0	9	
The total from Line 17 is entered in								

GANIZATION NAME: EAMSTERS AFL-CIO	FILE NUMBER: 0 0 1 - 8 0 2
DING DATE OF PERIOD COVERED:	

## SCHEDULE 11 - BENEFITS (continued)

Description (A)	Description To Whom Paid (A) (B)			
401(k) PLAN EXPENSE	INVESTMENT COMPANY	2 3 1 7 1		
		***************************************		

FILE NUMBER:	0	0	1	_	8	0	2	l
	_	_	•		_	_	-	ı

ORGANIZATION NAME: TEAMSTERS AFL-CIO	
ENDING DATE OF PERIOD COVERED: 12/31/2002	

### SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)

COLLEGEE 10 OI							<b>.</b>
Description (A)		-		ioun B)	t		
INSURANCE EXPENSE			1	8	6	4	8
SURETY BOND PREMIUM				1	0	5	5
BANK SERVICE CHARGES			-	1	3	2	3
SECURITY SYSTEM			-		6	0	5
REAL ESTATE TAXES				6	8	2	6
BUILDING MAINTENANCE					3	0	5
REFUSE SERVICE					7	8	5
LAWN SERVICE					4	5	0
SNOW REMOVAL		·			3	0	9
		_					
			_				
	·····						

ORGANIZATION NAME: TEAMSTERS AFL-CIO	FILE NUMBER: 0 0 1	- 802
ENDING DATE OF PERIOD COVERED: 12/31/2002		

. AD	DITIONAL INFORMATION(continued)
lumber	
0	NAME: TEAMSTERS 118 BUILDING CORP.
	1393 SOUTH AVE.
	ROCHESTER, NY 14620
	PURPOSE: TO HOLD TITLE TO THE BUILDING OUT OF WHICH TEAMSTERS LOCAL UNION NO.118 OPERATES . THE BUILDING CORPOATION IS SETUP UNDER IRC SECTION 501(C)(2), TITLE HOLDING COMPANY.
	INFORMATION CONCERNING THE BUILDING CORPORATION IS BEING FILED IN A SEPARATE REPORT.

•	
ORGANIZATION NAME:	
TEAMSTERS AFL-CIO	
ENDING DATE OF PERIOD COVERED:	
12/31/2002	

75. ADDITIONAL INFORMATION (continued)

Item Number	
11	NYS TEAMSTERS PENSION AND RETIREMENT FUND
	NYS TEAMSTERS HEALTH AND HOSPITAL FUND
rm LM-2 (Revise	d 2000)

ORGANIZATION NAME:		
TEAMSTERS AFL-CIO	 	
ENDING DATE OF PERIOD COVERED:	 	
12/31/2002		

### 75. ADDITIONAL INFORMATION (continued)

tem Number 14	AN AUDIT IS PERFOORMED BY AN OUTSIDE ACCOUNTING FIRM:
	STEPHEN R. SCHMITZ, CPA
LM-2 (Revi	sed 2000) 5 175